

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People's Action Movement</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567479	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Keystone Progress</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2016</b>	
Mailing Address 201 Washington St. #534		Amount <b>3333.00</b>	
City Reading	State PA	Zip Code 19601	Transaction ID : <b>SE.5093</b>
Purpose of Expenditure Printing - Stop Trump (estimated)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Keystone Progress</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2016</b>	
Mailing Address 201 Washington St. #534		Amount <b>12000.00</b>	
City Reading	State PA	Zip Code 19601	Transaction ID : <b>SE.5094</b>
Purpose of Expenditure Field Program - Stop Trump (estimated)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>15333.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Geise, Tara, M., ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 17 / 2016**

Signature

NAME OF COMMITTEE (In Full) <b>People's Action Movement</b>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00567479</span> </div>
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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M /

D D /

Y Y Y Y

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016	
Mailing Address 810 N. Milwaukee Ave.		Amount 2421.99	
City Chicago	State IL	Zip Code 60642	<b>Transaction ID : SE.5087</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016
Purpose of Expenditure Payroll & Benefits - Stop Trump		Category/ Type	
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		2421.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2016	
Mailing Address 810 N. Milwaukee Ave.		Amount 1600.00	
City Chicago	State IL	Zip Code 60642	<b>Transaction ID : SE.5088</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016
Purpose of Expenditure Payroll & Benefits - Stop Trump (estimated)		Category/ Type	
Name of Federal Candidate TRUMP, DONALD J., , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		4021.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		4021.99
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶		
(c) TOTAL Independent Expenditures.....	▶		

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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 PAGE 3 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People's Action Movement</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00567479         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 15 / 2016         </div>	
Mailing Address 810 N. Milwaukee Ave.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           3333.00         </div>	
City Chicago	State IL	Zip Code 60642	<b>Transaction ID : SE.5091</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 06 / 2016         </div>
Purpose of Expenditure Printing - Stop Trump (estimated)		Category/Type	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           18854.99         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 15 / 2016         </div>	
Mailing Address 810 N. Milwaukee Ave.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           11500.00         </div>	
City Chicago	State IL	Zip Code 60642	<b>Transaction ID : SE.5092</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            10 / 06 / 2016         </div>
Purpose of Expenditure Field Program - Stop Trump (estimated)		Category/Type	
Name of Federal Candidate TRUMP, DONALD J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           15521.99         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         14833.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">         14833.00       </div>

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Geise, Tara, M., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People's Action Movement</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567479	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>	
Mailing Address <b>810 N. Milwaukee Ave.</b>		Amount <b>193.80</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60642</b>	Transaction ID : <b>SE.5086</b>
Purpose of Expenditure <b>Website - Stop Trump</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 15 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>193.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>34381.79</b>

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Geise, Tara, M., ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 17 / 2016**

Signature